**Application Packet for**

**CEM® Reciprocity to Become a Certified Texas Emergency Manager TEM©**

Sponsored by:

**The Emergency Management**

**Association of Texas**

e-mail: [ematinfotx@gmail.com](mailto:ematinfotx@gmail.com)

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**Preface**

This document describes the requirements and standards of the Texas Emergency Manager (TEM©) certification program and serves as the basis for your application packet. The Emergency Management Association of Texas (EMAT) sponsors this certification program and administers it. You do not have to be a member of the International Association of Emergency Managers (IAEM) organization in order to be certified. You do have to be a member of EMAT.

EMAT is dedicated to promoting the goals of saving lives and protecting property through application of the five phases of emergency management. One method shown to increase professionalism and recognize the individual who possesses the knowledge, skills, abilities and experience to manage effectively a comprehensive emergency management program is through a rigorous certification program. The TEM© is just such a program. EMAT reviewed the certification programs of numerous states and associations and decided to base the TEM© on the International Association of Emergency Manager’s Certified Emergency Manager (CEM®) program. The board chose the CEM® program for three reasons:

* The first reason is that it is a comprehensive evaluation of an emergency manager’s knowledge, skills and abilities through an internationally recognized certification program.
* The second reason is that the CEM® program was developed with assistance and input from practicing emergency managers throughout the United States, academia, and FEMA.
* The third reason is that the State of Texas considers an individual designated as a CEM® who has completed the Basic Emergency Management Workshop (G-610) to meet the training requirements at the Advanced Preparedness Level (*TDEM 100, June 2011, page 2-5*).

The TEM© certification program modifies the CEM® requirements by adding Texas-unique requirements, such as experience and exercise/disaster event participation. A second difference is that the TEM© does not require a college degree for certification. EMAT recognizes that many emergency managers never had the opportunity to attend college, yet possess the knowledge, skills and abilities to manage effectively a comprehensive emergency management program. The TEM© addresses that situation. As the experienced emergency managers retire and the new crop of college-educated emergency managers take over, this requirement will change.

Certification is an indicator of experience, hard work, continuing education, dedication to integrity, and creativity. It is also an assurance that the individual has passed at least a minimum screening of competence. Obtaining certification as a TEM© proves that you can effectively accomplish the goals and objectives of comprehensive emergency management in Texas.

\*\*The application process includes completing and successfully having your application approved and passing a comprehensive test.  If you take the test first, you will have one year from the date of the notice that you have successful passed the test to complete your application.  If you complete the application first, you have one year from the date the application was reviewed and approved to take your test.\*\*

**EMAT Code of Professional Conduct**

The EMAT Executive Board enforces the Code by receiving and investigating all complaints of violations and by taking the necessary action, as appropriate, including but not limited to the revocation of an individual's TEM© certification.

The Code of Professional Conduct

The Code embodies the TEM© certification program philosophy and objectives. Each TEM© promises to:

* Accept and dutifully carry out all associated responsibilities incumbent upon his or her position of public trust;
* Serve the public with integrity and honesty in all matters;
* Promote public awareness toward and understanding of emergency preparedness and public protection;
* Foster excellence in emergency management by keeping abreast of pertinent issues;
* Enhance individual performance through continuing education and applied technology;
* Avoid conflict of interests resulting in personal gain or advantage or the perception thereof;
* Conserve and protect resources through effective use of funds, accurate assessment of potential hazards, and timely decision making;
* Maintain confidentiality of privileged information; and
* Share his or her work product with other TEMs© in order to expand the collective capability of the profession.

TEM© Certification Submission Checklist CEM® Reciprocity

*Use this checklist to ensure your submission is complete.*

*Initial each section*

**A. Completed Application Cover Sheet with Code of Conduct Pledge:**

*\_\_\_\_\_\_\_\_\_\_Requires Signature.*

**B. Current CEM® Certification**

*\_\_\_\_\_\_\_\_\_\_Requires a copy of the current CEM® certificate issued by IAEM.*

**C. Completed Credentials Packet:**

\_\_\_\_\_\_\_\_\_\_Work History

*Requires 2 years of experience in Texas and participation in a full-scale exercise or actual disaster experience in Texas and copies of your position descriptions or supervisor statements.*

\_\_\_\_\_\_\_\_\_\_References

*Requires names and current Texas contact information from three individuals.*

\_\_\_\_\_\_\_\_\_\_Contributions to the Profession

*Requires documentation and contact information where requested for three contributions made in Texas.*

**D. Miscellaneous:**

Type All Materials (unless otherwise specified, such as a signature and copies of supporting documentation.)

$150.00 Fees Payment Enclosed

Application packet will be scanned as a PDF file and uploaded into the EMAT website at [ematinfotx@gmail.com](mailto:ematinfotx@gmail.com)

Payment will also be processed at the same time on the secured web portal. The cost of the application is $150.00. You must be a current EMAT member to apply for CEM® to TEM©.

**As long as you are a member of EMAT you may continue to us the TEM designation after your name. If you fail to renew your membership at any time your TEM designation will be invalid.**

I wish to receive notices at my: \_\_\_\_\_Office \_\_\_\_\_Home

I understand my electronic application will be purged/deleted from the EMAT system following the Annual Awards Ceremony.

Yes, I understand the application disposition policy.

If awarded certification, I will allow EMAT to post my picture on its web site:  Yes  No

The recertification deadline date is December of the fourth (4th) year as it appears on my certificate.

*Please place your name in the footer of the document.*

**Credential Submission:**

As of September 1, 2017, all applications must be submitted through the online system. No hard copy submissions will be accepted.

**Deadline Dates:**

The published deadline date is for TEM Reciprocity applications.

Recertification candidate’s deadline is December 31 of the year in which they are due to recertify (e.g., every five years from the original certification year). Payments made online are posted on the next business day.

Resubmission candidates are reminded that their deadline date is 90 days from the date if there is an incomplete letter sent to them and their supplemental submission must be completed through the online system.

Submissions must be received at the EMAT website before 11:59 p.m. Central Standard Time.

**TEM Commission Credential Review Dates:**

2017

Online applications received by Oct.31, 2017, will be reviewed in November/December 2017. Candidates will be notified of the results during the third week of December 2017.

2018

Online applications received by Dec. 31, 2017 and thereafter (e.g., 12/31/2018/ 12/31/2019), will be reviewed in January/February 2018 and thereafter (e.g., January/February 2019, 2020, 2021, etc.). Candidates will be notified of the results during the third week of February 2018 and thereafter (e.g., February 2019, 2020, 2012, etc.).

Please note, communication between the applicant and TEM Commission members will only occur if additional documentation is requested to complete the review.

CEM**®TEM© Reciprocity Packet**

**This portion of the certification process is designed to:**

I. Document a Code of Conduct Pledge.

II. Verify the currency of the candidate's CEM® certification.

III. Verify the candidate's work history and experience in Texas.

IV. Review references submitted by candidate.

V. Document support of and contributions to the emergency management profession in Texas.

Submit all credentials application information on the appropriate forms. Submit all requested components in one complete PDF scan if possible. Duplicate forms as often as necessary. Do not include forms that you are not using, e.g., professional contributions- if you are not including a Service Role contribution, do not include a blank form. All required signatures must be original (preferably in blue ink).

Submit only enough documentation to insure a favorable review. Certification reviewers will consider brevity favorably. You may want to submit an extra professional contribution in case one is found incomplete during the review process. In order to enhance your document review, submit the most current information possible. Do not document your entire history in emergency management or in a responder activity.

I. COVER SHEET WITH CODE OF CONDUCT PLEDGE FOR CEM® TEM© Reciprocity

REMINDER: Type all Responses!

1. Name:

2. Jurisdiction:

3. Current Position/Title:

4. Years in Current Position:

5. Years in Emergency Management:

I understand that certification is subject to EMAT Executive Board approval, and if granted, is current for a five year period. I will execute the necessary documents and supply any additional information as determined by EMAT. I further understand and, by my signature, I subscribe to the EMAT Code of Professional Conduct with the knowledge that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application and the issuance of a complaint of violation.

Candidate's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

II. VERIFY THE CURRENCY OF THE CANDIDAT’S CEM® CERTIFICATION.

To satisfy this requirement a candidate must upload a copy of the current CEM® certificate that is less than five years old.

**III. WORK HISTORY AND EXPERIENCE**

To satisfy this requirement a candidate must demonstrate:

A. Two years full-time equivalent (2,000 hours per year or more) experience in a comprehensive emergency management position served in Texas;

* + - For each job listed a full job description is required and the period covered. Letter from your supervisor or Human Resources on official letter head.
    - For those using military experience an MOS showing job description
    - For those using intern, volunteer, or contracting experience, hours worked must be verified by billable hours, pay sheets showing hours worked, or contact hours worked, etc.

**AND**

B. Meaningful role in the development and/or participation in a full scale exercise in Texas,

* + - Name and describe the exercise or activity,
    - Describe your specific role and responsibility(ies),
    - Describe what you learned, and
    - What mitigation activates were identified.
    - Must include documentation to support your participation (e.g., organizational chart, Incident Action Plan showing your activity, exercise documentation-EXPlan, Controller/Evaluator Handbook, agenda from a planning meeting showing your participation, exercise participate form, sign-in sheets of the event, etc.).

**OR**

C. Actual disaster and recovery management experience in Texas that necessitated activation of local emergency plans.

* + - Must include documentation to support your participation (e.g., organizational chart, Incident Action Plan showing your activity, organizational chart, exercise participate form, sign-in sheets of the event, etc.).

That is, candidates must complete IIIA. below, and **either** IIIB. or IIIC.

Candidate must submit a copy of his/her **CURRENT** position description. If credit for the disaster/emergency management experience is from a **PREVIOUS** job or role, submit a copy of the position description (s) with the dates of service. If a current position does not exist, or if a copy needed from a previous job is not available, so state in a brief letter signed by the candidate, attached to a signed letter/statement from the current (or past) supervisor that states that (1) a position description does not exist, has been changed, or is unavailable, and (2) outlines (a) the disaster/emergency management functions performed by the candidate, (b) the dates of this service, and (c) the approximate amount of time spent in disaster/emergency management duties.

Time spent on volunteer/internship duties may also be counted, but applicants must provide documentation of the total time devoted to disaster/emergency management duties.

**IIIA. WORK HISTORY**

Work history lists must include the following:

Job Title:

Period Covered:

Attach a copy of your job description:

Letter from your current supervisor on official letter head with their complete contact information:

Name

Title

Address

Phone number

E-mail

**IIIB. EXPERIENCE**

***NOTE: Complete IIIA. and either IIIB. or IIIC.***

**Exercise Participation in Texas**

Date of Exercise:

Describe the Exercise (be specific):

Describe Your Role (be specific):

Describe What You Learned by Your Participation in this Exercise:

Upload supporting documents e.g., EXPLAN, Evaluator/Controller Hand Book, planning meeting agendas with your name included as a participant, sign-in-sheets from the exercise.

**IIIC. EXPERIENCE**

***NOTE: Complete IIA. and either IIB. OR IIC.***

**Actual Occurrence/Disaster and Recovery Management Participation in Texas if applicable:**

Name of the Event:

Date of Event/Your time involvement:

Describe Activity (be specific):

Describe Your Role (be specific):

Describe the Mitigation Activities Undertaken as a Result of Lessons Learned from this Activity:

**IV. CANDIDATE REFERENCE REQUIREMENT**

Each candidate must submit the names of three references, and information on their reference sources, as requested below.

**NOTE: Let your reference sources know they are being so listed, because calls will be made to verify the information.**

The letters may outline:

* individual accomplishments,
* work ethic,
* leadership skills,
* roles,
* job responsibilities,
* years of work experience,
* and initiatives taken in job/field.

The letter must be on official letterhead with contact information (complete name, title, address, phone number, and email address) of the person writing the letter.

A. Reference sources that qualify are:

* + Current supervisor (Mandatory)
  + A past supervisor of those listed in work history within the last 5 years
  + Local, state or federal government officials or department heads (including District or Regional Coordinator)
  + Emergency service organization officials (e.g., public, private, military, tribal, etc.)
  + Local, regional, or national emergency management association officials

B. Reference sources that do not qualify are:

* A subordinate or peer
* A former student
* Friends, relatives or neighbors

**V. PROFESSIONAL CONTRIBUTIONS TO AND SUPPORT OF THE FIELD OF EMERGENCY MANAGEMENT**

The concept of professionalism is ultimately defined as one's contributions to the profession. Candidates can list any and all activities giving special consideration to the most recent activities. While many of the categories do not require specific verification documenting activity, contact information is solicited and may be checked.

**The following activities qualify for submission. A valid and verifiable submission in at least**

**three (3) categories completed while serving in Texas is necessary to meet this requirement.**

Each candidate must satisfy the requirement of professional contributions to the emergency management community.

1. Contributions submitted for credit must include the date(s) and be supported by adequate documentation.
2. All Professional Contributions **must have occurred within the last ten (10) years.**
3. All Professional Contributions must be obtained in Texas or obtained as part of a Texas Supported Deployment.
4. Each category is limited to one (1) contribution credit.
5. Do not duplicate any activities already included in the application (e.g., Disaster Experience or Exercise).
6. It is suggested to submit more than the minimum contributions (e.g., if you are required to submit three (3) contributions, submit an extra one (1) to make sure that the requirements are fulfilled). Do not include categories submissions that are not complete. Ex. Don’t upload blank pages.
7. Pay close attention to **NOTES** that may be at the top of the Contribution Submittal Form. This will indicate what is being focused on by the reviewing Certification Commissioners.
8. **Documentation must be submitted to clearly support your claim of the activity.** Commissioners do not contact the provided reference unless there is a question on the activity or documentation submitted.
9. Submit all information on the appropriate form. Duplicate forms for multiple submissions and utilize additional pages as necessary. Since this segment reflects contributions of and support to the field of emergency management, these submissions reflect activities over **and** above basic job requirements.

**A. Membership:**

* + An active paid membership in a disaster/emergency management related professional organization for at least three years for a TEM, with at least one (1) year in EMAT. An example that does not meet the requirement: LEPC, taskforce, COG meetings, etc. Documentation is required (e.g. paid invoice or membership card).

**B. Professional Conference:**

* + Participation in a disaster/emergency management-related workshop or conference for at least a cumulative total of 40 contact hours. (Must have verifiable document(s) for proof of registration and attendance, e.g., successful completion certification, program, agendas, name badge, etc. The dates of the conference must be included).

**C. Service Role:**

* + Voluntarily serve on a board of directors, committee, task force or special project for a professional, or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be minutes of the meeting where you are identify, agenda, sign in sheets, etc. Highlight your recognition and or involvement.

**D. Leadership Role:**

* + Voluntarily serve as an elected officer or in leadership position on a board of directors, a board committee, a task force, or a special project for a professional, emergency management or a jurisdictional organization contributing to or supporting disaster/emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be a letter from the board or committee chair or task force leader of your involvement or an agenda showing your position. Explain your contribution in this position.

**E. Special Assignment:**

* Involvement in a special assignment for a committee, task force, or work group addressing a substantive disaster/emergency management issue.
* The resulting product or decisions must make a significant contribution to or impact on the disaster and comprehensive emergency management profession.
* A supporting document for this assignment would be a letter from your supervisor stating that the project was above and beyond your job requirements and provide proof of the contribution (e.g., the document produced, the policy created, results of the committee/ task force or working group efforts.)

**F. Speaking:**

* + **Develop (create)** and participate in three presentations or panels of a minimum of 20 minutes each (including radio, television, educational, video, etc.) during the past ten years from the certification date related to disaster/emergency management.
  + The audience may be a community or a professional group. Candidate must be the presenter and not just the author of the presentation.
  + Verification documentation for this activity could be a letter from the sponsoring agency to verify your participation, thank you note, certificate, PowerPoint presentation, agendas showing you listed as a speaker/presenter, etc.).

**G. Teaching:**

* + Complete a formal teaching or instructing commitment relating to disaster/emergency management that equals or exceeds three hours of actual platform instruction.
  + Documentation of this activity may be agendas, letter from the sponsoring agency, or course manager’s report with roster.

**H. Course Development**

* + Play a significant role in the development or extensive revision of an educational emergency management course of at least three hours in length.
  + Documentation of this activity may be a letter from the sponsoring agency, course manager, agenda or email showing your role and responsibility for the development or revision.

**I. Publications:**

* + Publish a substantive disaster/emergency management article, research project, or other publication relating to the emergency management field.
  + The article/publication must have an independent editorial review and be published in a document beyond the candidate’s control (e.g. staff documents and internal reports do not qualify).
  + Candidate must validate primary or secondary authorship. If the publication does not site the author, the candidate must submit written validation of authorship (e.g. letter from the publisher or supervisor).
  + Publication in online periodicals qualifies (peer review publications and about emergency management).
  + A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc.
  + If other published documents are included in your submission, highlight your publication’s title.

**J. Audio-Visual and Interactive Products:**

* + Personally develop content for distributed emergency management video, computer software product or other audio-visual tool.
  + Candidate must validate personal participation and a significant development role in a distributed emergency management audio-visual tool.
  + A PowerPoint presentation will not qualify.
  + Verification documentation could be the website where the product resides where it can be seen or reviewed.

**K. Awards**

* + Receive an award for disaster/emergency management related activities.
  + Verification would be a copy of the award if paper. A picture of the award.
  + A certificate of appreciation is not an award.

**L. Certification Related to Emergency Management**

* + Earned certification or registration as an emergency manager or related to emergency management through a government agency, or state/province association; that is emergency management related, contains a continuing education unit (CEU) requirement and a term of expiration.
  + Example of verification documentation would be a business continuity planner-CBCP through DRI and including your certification in the application.

**M. Legislative Contact:**

* + Testify before a legislative body
  + Verification documentation would be an agenda, letter, or email sent showing dates, times, and responses would be appropriate.

**OR**

* + Contact an elected representative at the national, regional, tribal, or local government level regarding an emergency management issue.
  + The candidate must submit a copy of his/her original correspondence and a copy of the reply from the elected official. Automatic replies will not be accepted.

**PROFESSIONAL CONTRIBUTIONS TO EMERGENCY MANAGEMENT CHECKLIST**

**Checklist must be completed and included in the certification application.**

**Supporting documentation for each professional contribution to emergency management must show proof of your claim for consideration.**

|  |  |  |
| --- | --- | --- |
| **Contribution Number** | **Contribution Name** | **Description** |
| **A** | **Membership** | An active paid membership in a disaster/emergency management related professional organization for at least three years with a requirement that one of the years be in EMAT. To maintain the TEM© designation you must be a member of EMAT. An example that does not meet the requirement: LEPC, taskforce, COG meetings, etc. Documentation is required (e.g. paid invoice or membership card). |
| **B** | **Professional Conference** | Participation in a disaster/emergency management-related workshop or conference for at least a cumulative total of 40 contact hours. (Must have verifiable document(s) for proof of registration and attendance, e.g., successful completion certification, program, agendas, name badge, etc. The dates of the conference must be included). |
| **C** | **Service Role** | Voluntarily serve on a board of directors, committee, task force or special project for a professional, or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be minutes of the meeting where you are identify, agenda, sign in sheets, etc. Highlight your recognition and or involvement. |
| **D** | **Leadership Role** | Voluntarily serve as an elected officer or in leadership position on a board of directors, a board committee, a task force, or a special project for a professional, emergency management or a jurisdictional organization contributing to or supporting disaster/emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be a letter from the board or committee chair or task force leader of your involvement or an agenda showing your position. Explain your contribution in this position. |
| **E** | **Special Assignment** | Involvement in a special assignment for a committee, task force, or work group addressing a substantive disaster/emergency management issue.  The resulting product or decisions must make a significant contribution to or impact on the disaster and comprehensive emergency management profession.  A supporting document for this assignment would be a letter from your supervisor stating that the project was above and beyond your job requirements and provide proof of the contribution (e.g., the document produced, the policy created, results of the committee/ task force or working group efforts.) |
| **F** | **Speaking** | **Develop (create)** and participate in three presentations or panels of a minimum of 20 minutes each (including radio, television, educational, video, etc.) during the past ten years from the certification date related to disaster/emergency management.  The audience may be a community or a professional group. Candidate must be the presenter and not just the author of the presentation.  Verification documentation for this activity could be a letter from the sponsoring agency to verify your participation, thank you note, certificate, PowerPoint presentation, agendas showing you listed as a speaker/presenter, etc.). |
| **G** | **Teaching** | Complete a formal teaching or instructing commitment relating to disaster/emergency management that equals or exceeds three hours of actual platform instruction.  Documentation of this activity may be agendas, letter from the sponsoring agency, or course manager’s report with roster. |
| **H** | **Course Development** | Play a significant role in the development or extensive revision of an educational emergency management course of at least three hours in length.  Documentation of this activity may be a letter from the sponsoring agency, course manager, agenda or email showing your role and responsibility for the development or revision. |
| **I** | **Publication** | Publication of an emergency management article, research project, or other publication relating to the emergency management field. The article/publication must have an independent editorial review and be published in a document beyond the applicant’s control (e.g. staff documents and internal reports do not qualify). Applicant must validate primary or secondary authorship. Publications in online periodicals qualify (peer review publications and about emergency management). A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Applicants must have served as author, co-author, or contributor on publication.  Play a significant role in the development or extensive revision of an educational emergency management course of **at least three (3) hours** in length. (Must not be part of the applicant’s *required* job duties).  If other published documents are included in your submission, highlight your publication’s title. |
| **J** | **Audio-Visual and Interactive Products** | Personally develop content for distributed emergency management video, computer software product or other audio-visual tool.  Candidate must validate personal participation and a significant development role in a distributed emergency management audio-visual tool.  A PowerPoint presentation will not qualify. Verification documentation could be the website where the product resides where it can be seen or reviewed. |
| **K** | **Awards** | Received an award achieved through a nomination process in the field of emergency management or special recognition in conjunction with an emergency management activity. Receive an award for disaster/emergency management related activities.  Verification would be a copy of the award if paper. A picture of the award.  A certificate of appreciation is not an award. |
| **L** | **Certification Related to Emergency Management** | Earned certification or registration as an emergency manager or related to emergency management through a government agency, or state/province association; that is emergency management related, contains a continuing education unit (CEU) requirement and a term of expiration.  Example of verification documentation would be a business continuity planner-CBCP through DRI and including your certification in the application. |
| **M** | **Legislative Contact** | Significant contact with an elected representative or independent governmental regulator commission created by legislative act at the national, state or local level regarding an emergency management issue. The applicant must show that they have had an ongoing dialogue with the representative. Testify before a legislative body  Verification documentation would be an agenda, letter, or email sent showing dates, times, and responses would be appropriate.  **OR**  Contact an elected representative at the national, regional, tribal, or local government level regarding an emergency management issue.  The candidate must submit a copy of his/her original correspondence and a copy of the reply from the elected official. Automatic replies will not be accepted. |

**A. PROFESSIONAL MEMBERSHIP**

**Active membership for three (3) years** in an emergency management related professional organization with at least one year in EMAT. The basis of qualification for this contribution is the organization’s mission, which should be concerned about one or more mission areas of emergency management and consistent with the protection of life and property from disaster. If the mission of the organization is not apparent by its title, it should be provided in verifiable format (such as from the organization’s website). The scope of the organization should be state, national, or international. Examples include professional organizations such as IAEM, NEMA, and Association of Contingency Planners.

1. **Submit a copy of the current membership card or membership directory for each year of membership. One (1) single membership organization for the required number of years or any combination of organizations over the required period. While multiple organizations may be used, documentation of different years must be provided.**

Membership years:

Name of association or organization:

Describe how the association or organization relates to emergency preparedness:

Describe how your affiliations with association or organization benefit you and the organization you represent:

Upload membership cards or email showing membership.

**B. PROFESSIONIAL CONFERENCE:**

Attendance at a national or state conference or annual meeting relevant to emergency management. Acceptable conferences may be hosted by national, state, regional, or local agencies with an emergency management role.

1. Training (how to) workshops do not fulfill this requirement. A one or two day meeting on a single topic is considered a workshop.
2. Applicants cannot duplicate a conference here when they have sought the ten (10) hour training credit in the Training Section.
3. Applicant must submit a verification of attendance (e.g., acknowledgment letter, certification of attendance, etc.).

Title of Conference:

Sponsoring Organization:

Date of Conference:

Location of Conference:

Description of benefits derived from attendance:

Verification Contact/Phone:

**C. SERVICE ROLE**

Service project is a contribution to the local community of the applicant as it directly relates to enhance emergency management activities. Serving on a board of directors, committee, task force, or special project for a professional or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant’s required job duties).

This service should not be one of the core duties of employment. For example, being a member of a Local Emergency Planning Committee (LEPC) is sometimes a requirement of employment. Serving on a multijurisdictional committee/task force where the individual is asked to serve because of their emergency management knowledge is acceptable.

Documentation substantiating the service role, such as a letter of appointment or meeting minutes showing the candidate’s attendance and participation, etc. must be provided.

Time frame/length of service:

Committee/task force title:

Sponsoring organization (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Name and phone number of individual who can verify service role:

Certification by supervisor or other appropriate person that this activity was not part of the applicant’s routine job requirements:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. LEADERSHIP ROLE**

This is state, regional or local committee work resulting in a significant positive impact on the emergency management community. Serving as an elected officer or in a leadership position on a board of directors, board committee, task force, or special project for a professional, emergency management, or jurisdictional organization contributing to or supporting emergency management **(must not be part of the applicant’s required job duties)**.

Contributions must clearly demonstrate a commitment to the emergency management profession above and beyond that normally expected from completion of an individual’s job responsibilities. Any assignment indicated in the applicant’s job description does not meet the criteria for a leadership role contribution. (e.g., a contribution that does not meet the criteria is a leadership or service role on a task force or committee that is identified in your job description or part of the mission of your organization.)

1. Applicant must demonstrate being an actual officer or board member, utilizing one single service role.
2. Minimum of one (1) year participation in the leadership role.
3. Documentation must be provided (e.g., documentation may be a list of the board/officer members with their assignment, copy of meeting minutes listing your leadership position, etc.).

Time frame/length of service:

Elected Officer/Position:

Sponsoring organizations (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Individual who can verify your leadership role (list name and telephone number):

Certification by supervisor or other appropriate person that this activity was not part of the applicant’s routine job requirements:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. SPECIAL ASSIGNMENT**

The involvement in a special assignment for a committee task force or working group addressing disaster/emergency management issues. The resulting product or decisions must make a significant contribution to or impact on the emergency management community.

There needs to be documentation that this assignment is an individual accomplishment rather than a position requirement. A special assignment is not something that is a core part of your job. However, a positive response does not necessarily disqualify but will require further explanation, (a letter from either the appointing authority or the committee/task force chair) describing the non-routine and special professional contribution made by the applicant.

1. Verification of assignment must be attached.

Time frame/length of service:

Committee/task force title:

Sponsoring organization (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Individual who can verify your service on the special assignment (list name and telephone number):

**F. SPEAKING**

Develop and participate in a presentation or panel for a **minimum of twenty (20) minutes** (including radio, television, educational, video, etc.) related to an emergency management issue three different times.

1. The audience may be a community or professional group.
2. Applicant must be the presenter.
3. Applicant must attach verification of presentation.

Date of activity:

Location of activity:

Sponsoring organization:

Length of engagement:

Description of engagement:

Name and phone number of individual who can verify speaking engagement:

**G. TEACHING**

Complete a formal teaching or instructing commitment relating to an emergency management related course, which **equals or exceeds two (2) hours** of actual platform instruction **where a certificate or credits are issued**. The emphasis of this area is teaching an aspect of emergency management.

Example of teaching under this category include teaching a course on emergency management at a college or university, teaching professional development course of two (2) hours or more related to emergency management, or similar instructional commitment where the emphasis is on professional emergency management topics. Teaching is intended to impart the profession of emergency management. For example, ICS or All Hazards Planning courses would be acceptable.

1. Providing technical skills training (HAZMAT, Fire, Law Enforcement, or EMS) to technical or professional people is not teaching professional emergency management.
2. **Applicant** **must attach verification of teaching or instructing.**

Date of activity:

Location of activity:

Sponsoring organization:

Length of engagement:

Description of engagement:

Name and phone number of individual who can verify teaching or instruction commitment:

**H. COURSE DEVELOPMENT**

Play a significant role in the development of or extensive revision of an educational emergency management course of at least three hours in length. Documentation of this activity may be a letter from the sponsoring agency, course manager, agenda or email showing your role and responsibility for the development or revision.

Name/& Number of Course:

Objectives of the course:

Sponsoring organization:

Length of course to be presented:

Description of course and your involvement:

Name and phone number of individual who can verify your involvement:

**I. PUBLICATIONS**

This refers to a publication of an emergency management article, research project, or other publication relating to the emergency management field. The article/publication must have an independent editorial review and be published in a document beyond the applicant’s control (e.g. staff documents and internal reports do not qualify). Applicant must validate primary or secondary authorship. Publications in online periodicals qualify (peer review publications and about emergency management). A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Applicants must have served as author, co-author, or contributor on publication. Applicant must validate primary or secondary authorship.

1. A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Highlight your publication’s title if within a published document.
2. **Announcements, flyers, and documents written as work projects will not be considered.**

*(Please check one)*  Primary Authorship  Secondary Authorship

Title:

Publication source:

Publication date:

Description of publications contribution to the emergency management field:

Name and phone number of individual who can verify publication:

Certification by supervisor or other appropriate person that this activity was not part of the applicant’s routine job requirements:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**J. AUDIOVISUAL AND INTERACTIVE PRODUCT**

Personally develop content for distributed emergency management video, computer software application, web site or other audiovisual tool in the field of emergency management. Contributions must clearly demonstrate a commitment to the emergency management profession above and beyond that normally expected from completion of an individual’s job responsibilities. Any assignment indicated in the candidate’s job description does not meet the criteria for Audiovisual and Interactive Product contribution (e.g. development of forms or a computer program that is identified in your job or part of the mission of your organization to include video of an exercise in which you participated).

1. Applicant must validate participation and significant development role at time of submission.
2. Applicant must show proof of involvement in the development.
3. **PowerPoint type presentations are not applicable.**

Title:

Date of production:

Sponsoring organizations (be specific):

URL, if a web site:

Description of product:

Description of its significant contribution(s) to the emergency management field (include references to product audience):

Name and phone number of individual who can verify Audiovisual and Interactive Product:

**K. AWARDS**

Received an award achieved through a nomination process in the field of emergency management, or special recognition in conjunction with an emergency management activity.

To satisfy this requirement, applicant may submit any award, honor, or special recognition received within the emergency management community or in conjunction with emergency preparedness activity. The award, honor, or special recognition must be personalized (e.g. addressed or inscribed) and refer directly to the candidate. Recognition from a source external to your own organization is more within keeping with the intent of professional contribution.

1. An award from the city/county administrator or board, state or federal agencies for emergency management related activities to the individual are an example of the type of recognition envisioned.
2. Awards for longevity (25 years of service) or routine performance awards are not adequate for inclusion under this category. Routine mass mailed thank you letters or certificate of participation are not acceptable.
3. The Professional Development Series (PDS) or Advanced Professional Series (APS) do not qualify.
4. Applicant must submit proof documenting receiving award or special recognition and date is suitable to verify.

Date of award/special recognition:

Title of award/special recognition:

Sponsoring organization:

Describe the award/special recognition and your role and contribution that led to your selection as the recipient (be specific):

Describe why the award is unique or special:

Name and phone number of individual who can verify award/special recognition:

**L. CERTIFICATION RELATED TO EMERGENCY MANAGEMENT**

Earned certification or registration as an emergency manager or related to emergency management through a government agency, or state association; that is emergency management related, contains a continuing education unit (CEU) requirement and a term of expiration.

Example of verification documentation would be a business continuity planner-CBCP through DRI and including your certification in the application.

Date of Certification:

Type of Certification:

Copy of Certification uploaded to the application:

Name and phone number of individual who can verify certification:

**M. LEGISLATIVE CONTACT**

Significant contact with an elected representative or independent governmental regulatory commission created by legislative act at the national, state or local level regarding an emergency management issue. The applicant must show that they have had an ongoing dialogue with the representative.

Applicant must submit a verification of the resulting legislative activity (e.g., original correspondence detailing the issue; agency legislative contact form or memorandum to file documenting contact and discussion details; acknowledgment letter on letterhead responding with technical specifics of issue; whitepapers, constituent surveys or data reports; certificate of appreciation, etc.).

The candidate must submit a copy of his/her original correspondence and a copy of the reply from the elected official. Automatic replies will not be accepted.

Date(s) of contact:

Description the issue:

Description of the results of the contact:

Name and phone number of individual who can verify involvement: